

The reaction of the doctors to the well defined trend toward prepaid medical care is not uniform. Some welcome it. Some are apathetic toward it. Many deplore it. One writes as follows in the April, 1947, issue of *Medical Economics*:

"The great majority of doctors don't want prepaid medical care now any more than they wanted it a few years ago. Even fear of government control won't elicit their wholehearted cooperation in the voluntary movement. Though voluntary health insurance plans are forming throughout the U. S., I think most of them will be thrown into the discard in the near future. Most physicians don't want to practice medicine that way. They don't want to be regimented by the government or by anyone else.

Signed _____, M.D., Washington."

Obviously the writer from Washington believes that the physician can, independently and without reference to factors other than his own wishes, define and freeze the pattern of his future practice. It is a temptation to suggest that economic factors and the wishes of his patients might have a considerable influence upon the ultimate definition of that design.

But the reason for the doctor's point of view (which, as he states, is shared by many) is more interesting than his prognosis of the future. Since the prepayment plans act only in a fiscal capacity for their members and do not intrude into or restrict either the patient-physician relationship or the treatment procedures involved, it is difficult to understand the use of the word "regimented" to define the real objection to them. Could the Washington doctor's real objection be to a possible reduction in fees chargeable if prepayment plans succeed in enrolling an ever larger membership among the people?

There is no reason why such an objection should not be stated openly—except perhaps, public reaction to it.

Nevertheless, if this is a real objection to the voluntary plans the physicians should do something to remove it. For if the voluntary plans fail the profession will have lost not only its one defense against governmental supervision, but it will have lost face as well. It is most unlikely that the public would forget that the voluntary plans were recommended by the profession itself as the best answer to the question of high cost medical care. With the American flair for pessimistic humor, the public can be expected to enjoy to the limit the spectacle of medicine's champion biting the dust—unhorsed by a burr under the saddle blanket.

However, even the certainty of ridicule would not justify the retention of the voluntary methods of prepayment, if the financial factor can be sustained as an objection to them. No one, least of all the American public, would deny the principle that the worker is worthy of his reward. No one would expect the doctor to serve without adequate compensation. The objective to be reached then is an agreement between the voluntary plans and the profession upon the limits of "adequate" compensation.

Such an agreement can be reached. But in view of the human and economic factors that will be the ultimate determinants, the resulting fees will be a

compromise. They will not be as high as some physicians will wish. Neither will they be starvation wages. Their virtue will lie in the fact that they are a compromise reached by two parties in acknowledgment of factors beyond the control of either or both.

If the profession wishes to avoid the controls of government supervision it must set about reaching such an agreement at once. The voluntary plans cannot survive without the wholehearted support of their professional sponsors. Without agreement on fees that support will never be more than half-hearted.

It should be emphasized that there are not a half dozen alternatives to the voluntary plans. There is only one—a governmental plan. The public has declared its approval of and desire for prepaid medical care. If the profession cannot or will not supply it the government will be forced to do so, by public demand. There will be no return to "private" practice as we have known it.

The time has come to fish—or cut bait. If the profession is not interested in supporting its voluntary plans loyally and intelligently, then it should drop them—and stand by for government orders.

In Memoriam

BAYLEY, WALTER A. Died in Sawtelle, January 4, 1948, age 67, of virus pneumonia, secondary infection. Graduate of the University of Southern California School of Medicine, Los Angeles, 1905. Licensed in California in 1905. Doctor Bayley was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



COGGIN, CHARLES BENJAMIN. Died in Berkeley, January 10, 1948, age 40, following an emergency operation. Graduate of the College of Medical Evangelists, Loma Linda-Los Angeles, 1935. Licensed in California in 1935. Doctor Coggin was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.



GRAVES, JOHN HENRY. Died in San Francisco, January 9, 1948, age 80. Graduate of the Cooper Medical College, San Francisco, 1896. Licensed in California in 1897. Doctor Graves was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



HENDERSON, JOSEPH JEFFERSON. Died in San Francisco, January 9, 1948, age 77. Graduate of the University of Michigan Medical School, Ann Arbor, 1891. Licensed in California in 1892. Doctor Henderson was a retired member of the San Francisco County Medical Society, and the California Medical Association.



JOHNSON, CLARK MOORE. Died in San Francisco, January 18, 1948, age 49, of heart disease. Graduate of the University of California Medical School, Berkeley-San Francisco, 1924. Licensed in California in 1924. Doctor Johnson was a member of the San Francisco County Medical Society, the

California Medical Association, and a Fellow of the American Medical Association.



PROBERT, WILLIAM HENRY. Died in Berkeley, January 12, 1948, age 54, of a heart attack. Graduate of the Washington University School of Medicine, St. Louis, Missouri, 1921. Licensed in California in 1932. Doctor Probert was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.



ST. SURE, FRANK ADOLPH. Died in San Diego, January 24, 1948, age 64, of cerebral hemorrhage and hypertension. Graduate of Rush Medical College, Illinois, 1909. Licensed in California in 1925. Doctor St. Sure was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



SANSUM, WILLIAM DAVID. Died in Santa Barbara, January 6, 1948, age 67, after a stroke. Graduate of Rush Medical College, Illinois, 1915. Licensed in California in 1921. Doctor Sansum was a member of the Santa Barbara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



SIEVER, ABRAHAM JOSHUA. Died in Arcadia, December 5, 1947, age 46, following a long illness. Graduate of the Washington University School of Medicine, St. Louis, Missouri, 1934. Licensed in California in 1938. Doctor Siever was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.



SIMPSON, BRYANT ROBERT. Died in San Diego, January 23, 1948, age 60, of cancer of the lung. Graduate of the University of Nebraska College of Medicine, Omaha, 1910. Licensed in California in 1917. Doctor Simpson was a member of the San Diego County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Percy Tilson Magan

Born in Ireland November 13, 1867, Percy Tilson Magan came to this country at the age of 17 years. Soon afterward he entered Battle Creek College in Michigan. After his graduation he became a professor in the college and later was made dean.

Engaged in an active academic life, Percy Magan and his close friend, E. A. Sutherland, developed a strong desire to establish self-supporting medical missionary work in the neglected South. The better to qualify for the project, both men sought medical education, which they received at Vanderbilt and at the University of Tennessee where Dr. Magan was graduated cum laude in 1914. Doctors Magan and Sutherland established a medical institution in connection with the school at Madison, Tennessee. In 1915, Dr. Magan joined the College of Medical Evangelists as dean, and in 1928 he was made president, a position in which he served until his retirement and election to the position of president emeritus in 1942.

Membership in many professional societies indicated his interest in the field of medicine. He was chairman, anatomy board, southern division Department of Public Health, California; trustee Medical Board of Los Angeles County General Hospital; Fellow American College of Physicians; member of the American Medical Association; Society American Bacteriologists; American Hospital Association; League for Conservation of Public Health; National Tuberculosis Association; American Cancer Foundation; California Medical Association (ex-vice-president); Southern California Medical Association; Los Angeles County Medical Association (trustee).

Dr. Magan died December 16, 1947, of a heart attack following a long illness.

